



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E286873**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input checked="" type="checkbox"/>

CASE #	<b>13-02940</b>
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK	
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TRIBAL RESERVATION	
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DATE OF COLLISION	<b>11</b>	<b>20</b>	<b>2013</b>	TIME (2400)	<b>1448</b>	COUNTY #	<b>31</b>	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	CITY #	<b>0664</b>
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ON (PRIMARY TRAFFIC WAY)	<input type="checkbox"/>	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>		
<b>20TH ST NE</b>					BLOCK NO.	<input checked="" type="checkbox"/>	<b>11700</b>
					MILE POST	<input type="checkbox"/>	

DISTANCE		MILES	<input type="checkbox"/>	N	<input type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	
		FEET	<input type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PHONE	
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LAST NAME	<b>UNKNOWN</b>	FIRST NAME		MIDDLE INITIAL	
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STREET		NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	<b>U</b>	D.O.B.			
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	<b>9</b>	RESTR.	<b>9</b>	EJECT	<b>9</b>	HELMET USE	<b>9</b>	INJURY CLASS	<b>0</b>	NATURE OF INJURIES	
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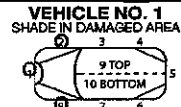
LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE	<b>UNKN</b>	MODEL	<b>PICK UP</b>	STYLE	<b>PK</b>	VEHICLE TOWED	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #		VEHICLE LEGALLY STANDING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	PHONE	<b>D: 4258764265</b>
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LAST NAME	<b>MATTHIAS</b>	FIRST NAME	<b>JESSICA</b>	MIDDLE INITIAL	<b>A</b>
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STREET		NEW ADDRESS	<b>1107 VERNON RD</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982589412</b>
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>MATTHJA040KP</b>	STATE	<b>WA</b>	SEX	<b>F</b>	D.O.B.	<b>05</b>	<b>17</b>	<b>1996</b>
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES	
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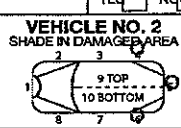
LICENSE PLATE #	<b>980ZCG</b>	STATE	<b>WA</b>	VIN#	<b>1FAPF44441F186267</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>2001</b>	MAKE	<b>FORD</b>	MODEL	<b>MUSCV</b>	STYLE	<b>CV</b>	VEHICLE TOWED	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	<b>MICHAEL MATTHIAS 1107 VERNON RD LAKE STEVENS WA 98258 D: 4253772638</b>
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LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	<b>ALLSTATE 9 76 227085 09/03</b>	VEHICLE LEGALLY STANDING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	<b>D. PLANALP</b>	BADGE OR ID #	<b>102</b>	AGENCY	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E286873**

CASE # **13-02940**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE #									
SEX	D.O.B. MMDDYYYY								
PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE #									
SEX	D.O.B. MMDDYYYY								
PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE #									
SEX	D.O.B. MMDDYYYY								
PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

V-1 and V-2 were driving eastbound in the 11700 block of 20th ST NE, in the City of Lake Stevens. V-2 stated that she was stopping for a school bus that was stopping westbound to drop of children. V-2 stated that V-1 collided into the rear of V-2. V-2 stated that V-1 fled the scene and never stopped to exchange information. There is no suspect information.

\*\*\*\* AUTO-POPULATED SECTION \*\*\*\*

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 2

Action Code: STOPPING FOR SCHOOL BUS LETTING KIDS OFF

\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\*

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

11-20-13 04:03 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

11/21/2013 3:14:33 PM

BADGE OR ID #

102

ORI #

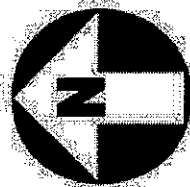
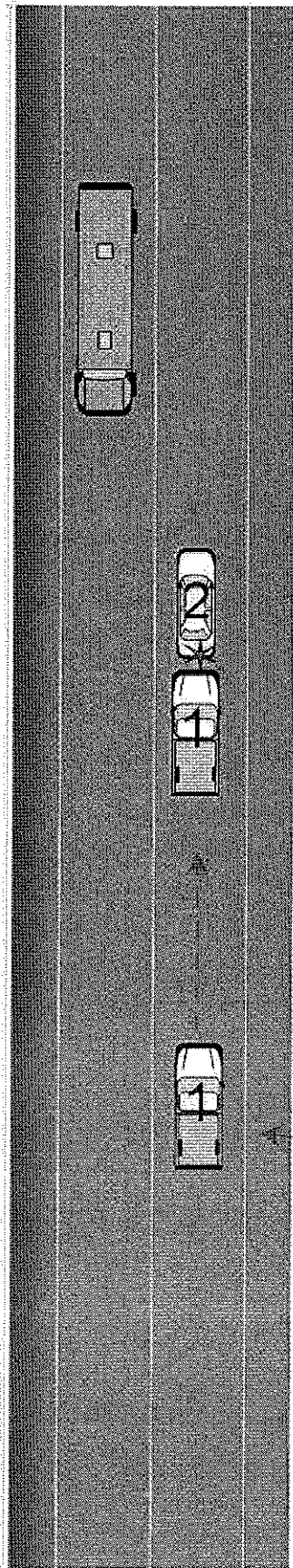
WA0311900

TIME POLICE DISPATCHED

2:49 PM

TIME POLICE ARRIVED

3:02 PM



NOT TO SCALE

HIT & RUN VEHICLE

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02940

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Mathias, Jessica Ann	RACE W	ETH C	SEX F	DOB 05/17/1996	AGE 17	HGT 5'4"	WGT 145	HAIR Brown	EYES Green
STREET ADDRESS 1107 Vernon Rd		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE 425-377-2638		CELL PHONE 425-8764265			PLACE OF EMPLOYMENT McDonalds					
WORK PHONE		EMAIL ADDRESS mathias.jessica@yahoo.com								

I, Jessica Mathias, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Was stopping because an oncoming bus was coming to a stop and a white truck behind me ran into the back of my car. No place to pull over so I went to parking lot and they turned and drove away.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 11/20/13	LOCATION SIGNED LAKE STEVENS
OFFICER/NUMBER: 	DATE SIGNED 11-20-13	LOCATION SIGNED LSPD LAKE STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS13025567

Case Numbers: \$SS13002940

Entered 11/20/13 14:48:43 BY SPCT05 SP0285  
Dispatched 11/20/13 14:49:02 BY SPDP17 SP0364  
Enroute 11/20/13 14:49:02  
Onscene 11/20/13 15:02:42  
Closed 11/20/13 15:15:15

Initial Type: ACCP Initial Alarm Level: Final Alarm Level:

Final Type: ACCP (ACCIDENT, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377H-6 Group: SS1 Beat: NORT

Src: T

Loc: 123 AV NE/20 ST NE ,LKS (V)

Loc Info:

Name: MATTHIAS, JESSICA Addr: MINI MART, LKS Phone: 4258764265

/1448 (SP0285) ENTRY ,CC RP ADD, HIT AND RUN  
/1449 (SP0364) DISPER SS1933 #SS102 PLANALP, OFFICER (DANIEL)  
/1450 (SP0285) SUPP TXT: SUS VEH - WHI TK, DAMAGE TO THE FRONT BUMBE  
R. SUS VEH FLED NB ON 123  
/1450 CHANGE NAM: --> MATTHIAS, JESSICA,  
PHO: --> 4258764265,  
TXT: RP DRIVING A GRN MUSTANG CV  
/1502 (SS102 ) \*ONSCNE SS1933  
/1503 REMINQ SS1933 MDTVEH, 980ZCG, , WA, , , , , , , , , ,  
/1508 REMINQ SS1933 MDTWANT, MATTHIAS, JESSICA, A, 051796, , , WA, , , , , , , , , ,  
/1508 (SP0337) ASNCAS SS1933 \$SS13002940  
/1515 CLEAR SS1933 D/H  
/1515 CLOSE SS1933

LSPD  
ORIGINAL